

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fraternity &amp; Sorority Political Action Committee

ADDRESS (number and street)

PO Box 3435

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410068

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margee Clancy

Signature of Treasurer

Margee Clancy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">24350.33</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">93943.52</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">8213.72</span>	<span style="border: 1px solid black; padding: 2px;">246459.78</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">102157.24</span>	<span style="border: 1px solid black; padding: 2px;">270810.11</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">17771.30</span>	<span style="border: 1px solid black; padding: 2px;">186424.17</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">84385.94</span>	<span style="border: 1px solid black; padding: 2px;">84385.94</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6445.00	206275.00
(ii) Unitemized .....	1768.72	38184.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	8213.72	244459.78
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	8213.72	246459.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►	8213.72	246459.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	8213.72	246459.78

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14271.30	113424.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14271.30	113424.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	68000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17771.30	186424.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17771.30	186424.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8213.72	246459.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8213.72	246459.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	14271.30	113424.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	14271.30	113424.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Peter Buck**

Mailing Address 101 N Tryon Street, Ste 1900

City State Zip Code  
 Charlotte NC 28246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robinson, Bradshaw + Hinson

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2011

**Transaction ID : SA11AI.12552**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Rich Davies**

Mailing Address 5605 Carnegie Blvd, Ste 110

City State Zip Code  
 Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pavilion Properties, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011

**Transaction ID : SA11AI.12545**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. James Estes**

Mailing Address 9151 W. Terrapin Hills Road

City State Zip Code  
 Columbia MO 65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gaslight Properties, GMAC Real Estate

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : SA11AI.12557**

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen W. Garard**

Mailing Address 1205 Wayne Street

City State Zip Code  
 Noblesville IN 46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Endowment Fund of PKP

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 14 / 2011

Transaction ID : SA11AI.12546

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Greenberg**

Mailing Address 455 Somerset Hills Court

City State Zip Code  
 Riverwoods IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Executive Owner

Interior Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.12534

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Collin Groebe**

Mailing Address 7619 West 124th Place

City State Zip Code  
 Palos Heights IL 60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Student

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2011

Transaction ID : SA11AI.12571

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Kate Halfon

Mailing Address 1310 Marina Vista Avenue

City State Zip Code  
 Martinez CA 94553

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 02 / 2011

Transaction ID : SA11AI.12536

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ms. Julie L. Johnson

Mailing Address 2506 Oxborough Drive

City State Zip Code  
 Matthews NC 28105

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 29 / 2011

Transaction ID : SA11AI.12561

Amount of Each Receipt this Period

125.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nichelle Levy

Mailing Address 2316 Corrine Court

City State Zip Code  
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Robinson, Bradshaw + Hinson

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2011

Transaction ID : SA11AI.12539

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Charles Mancuso**

Mailing Address 11350 56th Place North

City State Zip Code  
 Royal Palm Beach FL 33411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 14 / 2011

Transaction ID : SA11AI.12543

Amount of Each Receipt this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. William Martin III**

Mailing Address 1412 Lookout Circle

City State Zip Code  
 Lexington KY 40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Phi Gamma Delta

Association Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 21 / 2011

Transaction ID : SA11AI.12554

Amount of Each Receipt this Period

170.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. Larry Wiese**

Mailing Address PO Box 1865

City State Zip Code  
 Lexington VA 24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kappa Alpha Order

Fraternity & Foundation Exec. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 30 / 2011

Transaction ID : SA11AI.12572

Amount of Each Receipt this Period

650.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Wiley**

Mailing Address 11862 Latrobe Court

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Sigma Phi Fraternity

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2011

Transaction ID : SA11AI.12548

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

6445.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Elavon**

Mailing Address One Concourse Parkway

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 02 / 2011

**Transaction ID : SB21B.12581**

Amount of Each Disbursement this Period

89.94

Full Name (Last, First, Middle Initial)

## **B. Liaison Capitol Hill, An Affinia Hotel**

Mailing Address 415 New Jersey Ave, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Gen. Fund. - Event Expense, Catering-Non Candidate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2011

**Transaction ID : SB21B.12578**

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

## **C. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Compliance & Bookkeeping Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2011

**Transaction ID : SB21B.12579**

Amount of Each Disbursement this Period

742.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7832.44

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Fraternity & Sorority Political Action Committee

Gender	Percentage
Male	102.74%
Female	97.26%

2256.78

4071.39

14263.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BEN CARDIN FOR SENATE**

Mailing Address PO BOX 65056

City	State	Zip Code
BALTIMORE	MD	21209

Purpose of Disbursement  
Contribution

Candidate Name

**BENJAMIN L CARDIN**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2011

**Transaction ID : SB23.12584**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Contribution

Candidate Name

**ERIC CANTOR**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2011

**Transaction ID : SB23.12586**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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3500.00
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